

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2007 OCT 30 AM 10:14

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 10

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (
11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Craig Trotter

Political Party (if applicable)

Office Sought

City Council - At-Large

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Craig Trotter

SIGNATURE OF PERSON FILING REPORT

641-792-7556

TELEPHONE

10-28-07

DATE SIGNED

I AM FILING A 10-28-07 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov-6th

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$

- 0 -

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

\$ 3748

Schedule F: Loans Received total (Attach Schedule F)

- 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

- 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3748

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2973.67

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

774.33

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

- 0 -

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

- 0 -

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

- 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter For Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-27-07	ID# CK# 1644	Clayton C. Case 718 W 11th St S Newton, IA 50208		\$ 150. ⁰⁰	<input type="checkbox"/>
10-2-07	ID# CK# 2929	Carol Jones State Farm Ins. 312 1st Ave W Newton, IA 50208		25. ⁰⁰	<input type="checkbox"/>
10-4-07	ID# CK# 2498	Mark Thayer 1110 E 17th St S Newton, IA 50208		100. ⁰⁰	<input type="checkbox"/>
10-3-07	ID# CK# 3377	Dennis Chalupa 4 Chancery Court Newton, IA 50208		50. ⁰⁰	<input type="checkbox"/>
10-1-07	ID# CK# 8197	Gary Kahn 1104 S 5th Ave W Newton, IA 50208		50. ⁰⁰	<input type="checkbox"/>
10-6-07	ID# CK# 5248	Trish Swanson 1606 S 12th Ave E Newton, IA 50208		40. ⁰⁰	<input type="checkbox"/>
10-4-07	ID# CK# 1076	Tammie DeJong 928 E 15th St N Newton, IA 50208		50. ⁰⁰	<input type="checkbox"/>
10-4-07	ID# CK# 3638	Richard Davidson 1717 S 11th Ave E Newton, IA 50208		100. ⁰⁰	<input type="checkbox"/>
10-3-07	ID# CK# 1760	John Lee Photography 1615 S 11th Ave E Newton, IA 50208		100. ⁰⁰	<input type="checkbox"/>
10-6-07	ID# CK# 7539	Denise Revell 314 E 4th St. S. Newton, IA 50208	Sister	50. ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 715

TOTAL (if last page of this schedule)

\$

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Report Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

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10-6-07 2-28-01	ID# CK# 2781	Robert Main 1621 S 12th Ave E Newton, IA 50208		\$ 25.00	<input type="checkbox"/>
10-6-07	ID# CK# 3362	Fred Dimon 621 E 5th St N Newton, IA 50208	uncle	100.00	<input type="checkbox"/>
10-6-07	ID# CK# 4765	Bruce Hoffmeier 1001 S 2th Ave W Newton, IA 50208		100.00	<input type="checkbox"/>
10-6-07	ID# CK# 1024	Diane Richards 3506 Hwy 574 S Newton, IA 50208		20.00	<input type="checkbox"/>
10-6-07	ID# CK# 4473	Dana Woody 508 N 4th Ave W Newton, IA 50208		50.00	<input type="checkbox"/>
10-6-07	ID# CK# 5768	Frank Liebl 1121 Woodland Dr Newton, IA 50208		100.00	<input type="checkbox"/>
10-5-07	ID# CK# 2392	Linda Chape 920 E 3rd St S. Newton, IA 50208		150.00	<input type="checkbox"/>
10-6-07	ID# CK# 4383	Darcy Soule 1617 S 12th Ave E Newton, IA 50201		30.00	<input type="checkbox"/>
10-6-07	ID# CK# 4317	Lana Kellogg 1605 S 12th Ave E Newton, IA		75.00	<input type="checkbox"/>
10-6-07	ID# CK# 4146	George Dawson 1202 E 15th St S. Newton, In 50208		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 750

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

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10-6-07	ID# CK# 9897	Tom Hayden 1715 N 10th Ave E. Newton, IA 50207		\$ 75.00	<input type="checkbox"/>
10-6-07	ID# CK# 2377	Patrick Payton 513 E 6th St. STE A. Des Moines, IA		75.00	<input type="checkbox"/>
10-4-07	ID# CK# 10167	Fran Henderson 1101 S 13th Ave W Newton, IA 50208		25.00	<input type="checkbox"/>
10-5-07	ID# CK#	Larry Trotter 1402 N 4th Ave E Newton, IA 50208	Father	100.00	<input type="checkbox"/>
10-4-07	ID# CK#	Miscellaneous cash		20.00	<input type="checkbox"/>
10-3-07	ID# CK#	Unitemized cash		190.00	<input checked="" type="checkbox"/>
10-9-07	ID# CK#	Miscellaneous cash		20	<input type="checkbox"/>
10-6-07	ID# CK# 3318	Mary McQueen		25.00	<input type="checkbox"/>
10-11-07	ID# CK# 9731	Linda Campbell 725 W 9th St S. Newton, IA 50208		25.00	<input type="checkbox"/>
10-11-07	ID# CK# 7253	Jim Green 2326 N 5th Ave E Newton, IA 50208		25	<input type="checkbox"/>

SUB-TOTAL

\$ 580

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

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10-11-07	ID# CK# 1012	Jill O'Connor 50 George St. Grays Lake, IL 60030	Sister in law	\$ 50.00	<input type="checkbox"/>
10-11-07	ID# CK# 5196	Susan Metz 1006 S 6th Ave W Newton, IA 50208		25.00	<input type="checkbox"/>
10-11-07	ID# CK# 3062	Stan Clement 862 Hwy F-36W Newton, IA 50208		20.00	<input type="checkbox"/>
10-11-07	ID# CK# 563	Steve Mullan 1248 S 20th Ave. W Newton, IA 50208		50.00	<input type="checkbox"/>
10-11-07	ID# CK# 4193	John Eastley 1119 S 6th Ave W. Newton, IA 50208		50.00	<input type="checkbox"/>
10-11-07	ID# CK#	Miscellaneous Cash		20.00	<input type="checkbox"/>
10-11-07	ID# CK# -	Miscellaneous Cash		20.00	<input type="checkbox"/>
10-13-07	ID# CK#	Brad & Mary Mahaff 1319 S. 12th Ave W Newton, IA 50208		100.00	<input type="checkbox"/>
10-20-07	ID# CK# 9886	Jayne & David Groos 2104 N 3rd Ave E Newton, IA 50208		25.00	<input type="checkbox"/>
10-20-07	ID# CK# 1863	Dale & Shari Markl 2251 W 28th St N Newton, IA 50208		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 590.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10-20	ID# CK# 10237	Marty & Rae Ann Haffert 734 N 2nd Ave E Newton, Ia		\$ 100.00	<input type="checkbox"/>
10-20	ID# CK# 2220	John Sandholm PO Box 487 Newton, Ia 52208		100.00	<input type="checkbox"/>
10-20	ID# CK# 2077	Jon Liebl 1022 E 18th St S Newton, Ia 52208		100.00	<input type="checkbox"/>
10-20	ID# CK# 6095	Wayne & Sandra Johnson 1550 W 12th St S Newton, Ia 52208		50.00	<input type="checkbox"/>
10-20	ID# CK#	Miscellaneous Cash		10.00	<input type="checkbox"/>
10-20	ID# CK# CASH	Steve & Jill Struve 915 S 13 Ave W. Newton, Ia 52208		25.00	<input type="checkbox"/>
10-20	ID# CK# 4667	Jon Ewing 807 S 14th Ave W.		25.00	<input type="checkbox"/>
10-20	ID# CK# 6537	Don & Julie Fisher 1714 N 4th Ave E Newton, Ia 52208		100.00	<input type="checkbox"/>
10-20	ID# CK#	MISC CASH		100.00	<input type="checkbox"/>
10-25	ID# CK# 3261	Wolfs Phone Connection 6511 S 20th Ave W. Newton, Ia 52208		25	<input type="checkbox"/>

SUB-TOTAL

\$ 635

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS - MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE A (Rev. 10/10)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

STATE CANDIDATES NOTE IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE) LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-25	ID# CK# 6909	Roger & Cathy Gilbreath 409 E 17th St. N. Newton, IA 50208		\$ 50.00	<input type="checkbox"/>
10-25	ID# CK# 1013	Chris & Tricia Johnson 209 S 2th Ave E Newton, IA 50208		50.00	<input type="checkbox"/>
10-25	ID# CK# 4149	George & Christine Dawson 1202 E 15th St. S. Newton, IA		25.00	<input type="checkbox"/>
10-25	ID# CK# 2197	Water Smith 1118 S 5th Ave W Newton, IA 50208		100.00	<input type="checkbox"/>
10-25	ID# CK# 2575	MAT & Tammi Chance 1004 E 17th St. S. Newton, IA 50208		50.00	<input type="checkbox"/>
10-25	ID# CK#	MISC CASH		103.00	<input type="checkbox"/>
10-01	ID# CK#	Craig Trotter 1201 E 16th St S. Newton, IA 50208	Seed Money myself.	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 478

TOTAL (if last page of this schedule)

\$ 3748

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trotter for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15	ID# CK# 99	Newton Daily News 200 1st Ave E Newton, IA 52208	news paper ads	\$ 1000. ⁰⁰
10-28	ID# CK# 101	Spartan Promotional Group Iowa 1714 N 4th Ave E Newton, IA 52208	Yard Signs	1074. ⁸²
10-28	ID# CK# 102	Riggs Printing 117 1st Ave E. Newton, IA 52208	Door Knockers	210. ⁷⁹
10-28	ID# CK# 103	KCOB 95.9 FM PO Box 66 Newton, IA 52208	Radio ads	688. ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2973. ⁶⁷
TOTAL (if last page of this schedule)				\$ 2973. ⁶⁷

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)